Thrombotic mesenteric ischemia due to aortic dissection

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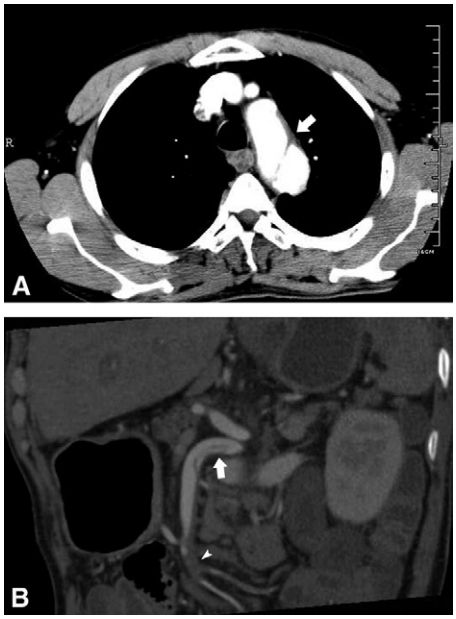
A 50-year-old man was admitted to our hospital because of persistent abdominal pain for 2 days. The pain, which was located at the umbilical and hypogastric region and radiated to the waist, appeared suddenly and was accompanied with distension and vomiting.



Axial (*A*) and oblique coronal plane computed tomography scans of the chest (*A* and *B*) and volume-rendered computed tomography angiography (Cover) showed the tear in the proximal part of the SMA (*arrow*, *A* and *B*) and filling defects in the distal SMA (*arrowhead, B*). This was suggestive of extended thrombosis due to the dissection of the SMA, so the diagnosis was aortic dissection (Stanford type B), SMA dissection, and thrombosis.

The procedure to treat this patient was complicated. First, we used a Valiant stent (TF3838C150X, Medtronic, Minneapolis, Minn) to deal with the aortic dissection. Second, during the exploratory laparotomy, we found a 1.5-m section of intestine with congestion and edema, which was 1 m below the Treitz ligament, and 30 cm of it was necrotic. This portion of the jejunum was resected, and an end-to-end anastomosis was created. The patient's symptoms completely resolved during the postoperative period.

DISCUSSION

Acute mesenteric ischemia is a life-threatening condition seen in 1:1000 hospital admissions.[1] Thrombotic mesenteric ischemia accounts for 15% to 30% of cases of mesenteric ischemia.[2] Atherosclerotic stenosis is the common cause of SMA thrombosis. The classic symptom is sudden-onset severe midabdominal pain that is out of proportion to the physical findings. Meanwhile, patients have other manifestations of diffuse atherosclerotic disease, including coronary artery disease, peripheral artery disease, and carotid stenosis. Less common causes of mesenteric ischemia are aortic and visceral artery aneurysms or dissection.

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